Module A: Screening and Treatment

1. Is acute medical or mental health stabilization required? No

2. Are there signs and symptoms of any substance use disorder other than alcohol or tobacco? Yes

3. Refer to appropriate setting to manage or stabilize (see Module B).

4. Screen annually for unhealthy alcohol use using the AUDIT-C.

5. Does the current screen positive or drink despite contraindications? Yes

6. Confirm current alcohol consumption: drinking above recommended limits? (see Sidebar 1).

7. Advise to stay below recommended limits.

8. Does the patient have AUD per DSM-5 criteria? Yes

9. Follow-up during future visits as indicated.

10. Indication for and a willingness to seek treatment? Yes

11. Is treatment or further evaluation indicated and acceptable to patient? Yes

12. Provide feedback as appropriate.

13. Screen annually for unhealthy alcohol use.

14. Offer specialty referral or management in primary care.

15. Complete the biosocial assessment and determine diagnoses per DSM-5 criteria.

16. Develop and implement comprehensive treatment plan using shared decision making.
   - If patient has AUD is or at high risk for opioid overdose, prescribe naloxone
   - Offer AUD focused pharmacotherapy if indicated (see Sidebars 3 and 5)
   - Address psychosocial functioning and recovery environment (e.g., housing, supportive recovery environment, and employment)
   - Manage medical and psychiatric co-occurring conditions if indicated (see Sidebar 5)
   - Assess response to treatment; adjust treatment and follow-up frequency as clinically indicated; advise against discharge if poor response to treatment or relapse.

Sidebar 1: Recommended Limits for Alcohol Consumption

- Men age 65 or below: ≤2 standard drinks per day on average; ≤4 drinks on any one day: ≤14 drinks per week
- Men over age 65 and all women: ≤1 standard drink per day on average; ≤7 drinks per week
- Patients with contraindications including potential drug-drug interactions

Sidebar 2: Brief Intervention Overview

1. Express concern
2. Advise (abstain or decrease drinking)
3. Provide feedback linking alcohol use and health
4. Offer referral to addiction treatment if appropriate

Sidebar 3: Pharmacotherapy

Alcohol Use Disorder
Recommended: naltrexone, topiramate
Suggested: acamprosate, disulfiram
Suggested as second line: gabapentin

Opioid Use Disorder
Recommended: buprenorphine/naloxone, methadone
Suggested: extended-release naltrexone

Sidebar 4: Components of Addiction-focused Medical Management

- Monitoring, adherence, response to treatment, and adverse effects
- Education about AUD/OD, health consequences, and treatments
- Encouragement to abstain from illicit opioids and other addictive substances
- Encouragement to attend and referral to community supports for recovery
- Encouragement to make lifestyle changes that support recover

Sidebar 5: SUD and Co-occurring Conditions

- Refer to corresponding section of CPG on SUD and co-occurring conditions
- Consult other VA/DoD CPGs (e.g., Asthma, Chronic Insomnia Disorder and Osteoarthritis, Stroke, and Suicide)

Sidebar 6: Screening Tools for Unhealthy Alcohol Use

**AUDIT-C SASQ**

<table>
<thead>
<tr>
<th>Items</th>
<th>Scores</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. How often did you have a drink that contained alcohol in the past year?</td>
<td>0 or 1 point</td>
</tr>
<tr>
<td>2. On days in the past year when you drank alcohol, how many drinks did you typically have?</td>
<td>0 or 1 point</td>
</tr>
<tr>
<td>3. How many times in the past year have you used illegal substances?</td>
<td>0 or 1 point</td>
</tr>
<tr>
<td>4. Men: 5 or more drinks in a day?</td>
<td>0 or 1 point</td>
</tr>
<tr>
<td>5. Men: 4 or more drinks in a day?</td>
<td>0 or 1 point</td>
</tr>
</tbody>
</table>

The minimum score (for non-drinkers) is 0 and the maximum possible score is 12. VA and DoD currently consider a score positive for unhealthy alcohol use if AUDIT-C score is ≥3 points.
Module B: Stabilization and Withdrawal

### Sidebars:

#### Sidebar 6: Treatment Setting for Alcohol Withdrawal
- Inpatient medically supervised alcohol withdrawal management is strongly supported by expert consensus for patients with symptoms of severe alcohol withdrawal (e.g., CIWA-Ar score ≥20) or patients with:
  - History of delirium tremens or withdrawal seizures
  - Inability to tolerate oral medication
  - Co-occurring medical conditions that would pose serious risk for ambulatory withdrawal management
  - Risk of withdrawal from other substances in addition to alcohol (e.g., sedative hypnotics)
  - Moderate alcohol withdrawal (i.e., CIWA-Ar score ≥10) and any of the following:
    - Recurrent unsuccessful attempts at ambulatory withdrawal management
    - Reasonable likelihood that the patient will not complete ambulatory withdrawal management (e.g., due to homelessness)
    - Active psychosis or severe cognitive impairment

#### Sidebar 7: Pharmacologic Treatment

**Alcohol Withdrawal**
- For managing moderate-severe alcohol withdrawal:
  - Benzodiazepines
  - For patients without severe alcohol withdrawal for whom risks of benzodiazepines outweigh benefits:
    - Carbamazepine
    - Gabapentin
    - Valproic acid

**Opioid Withdrawal**
- For patients with OUD for whom maintenance agonist treatment is contraindicated, unacceptable, or unavailable, we recommend a taper using:
  - Buprenorphine
  - Methadone in inpatient or OTP only

#### sidebar 8: Tapering Strategies

**Alcohol Withdrawal** (use one of the following):
- A predetermined fixed medication tapering schedule with additional medication as needed
- Symptom-triggered therapy where patients are given medication only when signs or symptoms of withdrawal occur (e.g., PRN dosing)

**Opioid Withdrawal**
- Use a structured taper of methadone and buprenorphine
  - For patients with OUD for whom methadone and/or buprenorphine are contraindicated, unacceptable, unavailable, or for whom extended-release injectable naltrexone is planned:
    - Naltrexone or nalmefene

### Module 2: Opioid Withdrawal

#### Opioid Withdrawal
- For patients with OUD for whom methadone and/or buprenorphine are contraindicated, unacceptable, unavailable, or for whom extended-release injectable naltrexone is planned:
  - Naltrexone or nalmefene

### Module 3: Medications for Acute Treatment

#### Medications for Acute Treatment
- For managing moderate-severe alcohol withdrawal:
  - Benzodiazepines
  - For patients without severe alcohol withdrawal for whom risks of benzodiazepines outweigh benefits:
    - Carbamazepine
    - Gabapentin
    - Valproic acid

#### Interventions

<table>
<thead>
<tr>
<th>First-line Alternatives at Least as Effective as Other Bona Fide Active Interventions or TAU</th>
<th>Added Effectiveness as Adjunctive Interventions in Combination with Pharmacotherapy and/or Other First-line Psychosocial Interventions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavioral Couples Therapy</td>
<td>N/A</td>
</tr>
<tr>
<td>Cognitive Behavioral Therapy</td>
<td>N/A</td>
</tr>
<tr>
<td>Contingency Management/ Motivational Incentives</td>
<td>N/A</td>
</tr>
<tr>
<td>Community Reinforcement Approach</td>
<td>N/A</td>
</tr>
<tr>
<td>Individual Drug Counseling</td>
<td>N/A</td>
</tr>
<tr>
<td>Motivational Enhancement Therapy</td>
<td>N/A</td>
</tr>
<tr>
<td>12-Step Facilitation</td>
<td>N/A</td>
</tr>
</tbody>
</table>

### Summary of Effectiveness of Psychosocial Interventions

**Abbreviations:**
- AHRQ: Agency for Healthcare Research and Quality
- AUD: alcohol use disorder
- AUDIT-C: Alcohol Use Disorders Identification Test – Consumption
- CIWA-Ar: Clinical Institute Withdrawal Assessment for Alcohol-Revised
- CMT: Chronic Migraine
- CIW: Chronic Migraine
- COPD: Chronic Obstructive Pulmonary Disease
- DA: Department of Air Force
- DBP: Department of Veteran Affairs
- DD: Department of Defense
- DOD: Department of Defense
- LBP: Low Back Pain
- MOD: Major Depressive Disorder
- MIB: Mild Traumatic Brain Injury
- OTP: Opioid Treatment Program
- PRN: as needed
- PTSD: Posttraumatic Stress Disorder
- SAAQ: Single-Item Alcohol Screening Questionnaire
- TAU: Treatment as usual
- US: United States
- USPSTF: United States Preventive Services Task Force
- VA: Department of Veterans Affairs
- VA/DoD: Department of Veterans Affairs and Department of Defense

**Symbols:**
- Good confidence in effectiveness
- Questionable confidence in effectiveness
- N/A: Insufficient evidence

Access to the full guideline and additional resources are available at the following link: [https://www.healthquality.va.gov/guidelines/MH/sud/](https://www.healthquality.va.gov/guidelines/MH/sud/)